

JOINING FORCES

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RESEARCH NEWS YOU CAN USE

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IN THIS ISSUE

Following the recent deaths of soldiers and spouses at Ft. Bragg, North Carolina, the Army has had many requests for information about the Family Advocacy Program (FAP) and results of Army research on domestic violence. In this issue, we highlight some responses that have been given to the Army, DOD, and the media in response to their questions about family violence research data. In the first feature, we provide a summary of some common questions and answers about family violence in the Army.

In the second, we review findings from two important research articles that have been used to answer questions. The first is on the comparability of Army and civilian family violence data. The second is on the effects of deployment on domestic violence.

We conclude with a report about the selection of FAP Centers of Excellence.

Since reports emerged about the tragic events that occurred at Fort Bragg, questions have been raised about differences in Army and military rates of domestic violence and the relationship of deployment to domestic violence. Stresses on soldiers and families due to deployment are well known.

Clearly, there are many factors associated with deployments that can have an impact on soldiers and families. However, most Army families are able to successfully adapt to a deployment.

Many media reports and anecdotes emphasize the negative aspects of deployment for soldiers and families. However, there can also be positive consequences of a deployment. Among the areas frequently mentioned as positive by soldiers and families are improved finances, personal growth, improved communication and marital relationships, an appreciation of one's military skills, and the importance of the Army's mission while deployed.

Thus, to make a case for an association between deployment and domestic violence requires accounting for a very complex set of circumstances. There are many causes of domestic violence and there is no simple solution to the problem. In our search for solutions, it will be necessary for us to consider multi-level prevention and treatment approaches related to individuals, relationships, communities, and systems.

FAP personnel may be contacted by members of the news media about the occurrence of domestic violence in the Army. We strongly advise you to direct all media inquiries to your local Public Affairs Office. Because of the large number of inquiries, we provide you with a list of

messages, questions, and answers about the Army FAP.

Messages About FAP and Responses to the Media

**Delores F. Johnson, MSW
Director, Family Programs
US Army Community and
Family Support Center (CFSC)**

These messages have been given to inquiries about the recent deaths at Fort Bragg and are also applicable to general questions about the Army FAP.

1. We are deeply saddened by such events affecting soldiers and families.
2. Today's Army is family-oriented. The majority of our Army families adapt well to the unique activities associated with the military lifestyle such as separations, deployments and relocation.

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- 3. We are proactive in our efforts to support soldiers and families and increase their ability to cope with the challenges of military life.
- 4. We believe the military is at the forefront in all aspects of preventing and treating family violence. Prevention through education and training is the cornerstone of our program.
- 5. Marital situations are immensely complex. We provide on-going support through various self-help activities and group counseling.

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- 6. Family advocacy is just one of many programs designed to help families cope with a variety of situations. Our coordinated community approach ensures linkages to other services.
- 7. We will continue in our aggressive efforts to provide FAP prevention and treatment services to help soldiers and families in their adjustment to the Army. One of our goals is to expand our programs to address the complex needs of our young families, especially those who live off the installation and are very difficult to reach.
- 8. Healthy families are essential to readiness. Violence in the home is unacceptable behavior that is not in keeping with Army values.

The following are commonly asked questions about family violence in the Army.

Q1. Does the Army have a problem with child and spouse abuse?

The whole country is more aware of family violence. All communities are doing more to protect adults and children from abuse. We think the Army is in the forefront of such efforts.

Q2. Is child and spouse abuse increasing in the Army?

No. It's decreasing. During the past five years child and spouse abuse reports have decreased. The rate of child abuse decreased 26 percent from 6.6/1,000 victims in fiscal year (FY) 1995 to 4.9/ 1,000 in FY 2001. Spouse abuse reports show a 40 percent decline from FY 95 to FY01.

Q3. How do the Army rates compare with civilian rates of violence?

The confirmed cases of child abuse in calendar year 1999 were 6.4 cases per 1000 children, lower (45 percent) than the civilian rate of 11.8 per 1000 children. It is more difficult to compare spouse abuse rates because there are no uniform national civilian statistics on spouse abuse. Therefore, accurate comparisons are impossible.

Q4. What happens in cases where an incident of abuse happens between unmarried partners off the installation?

The Army FAP is limited to spouses. When an incident of abuse happens between unmarried partners off the installation, the law enforcement intervention is handled through a memorandum of agreement that the post has with civilian agencies. Commanders are notified and they may request FAP treatment of the alleged abuser.

Q5. What is the impact of deployment on the overall child and spouse abuse rate?

The mobile military lifestyle impacts families, but there is limited data in this area and what there is does not show a cause and effect relationship.

While stressors may be predictors, they may not cause individuals to be abusers. Spouse abuse is related to multiple social, economic and psychological factors. According to some
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research, the best predictors of domestic violence are a history of previous aggression and youthful age.

Q6. What type of support does the Army provide for families of deployed soldiers?

Pre-deployment briefings, Operation R.E.A.D.Y. (Resources for Education About Deployment and You), Army Family Team Building, family readiness groups, and a variety of self-help and counseling services are available on installations. A lot of stress can be eased prior to deployment by insuring that one's personal and financial affairs are in order.

When couples reunite, chaplains provide reunion support to returning soldiers while the Army Community Service (ACS) Center offers reunion classes for spouses. This gives the entire family, including children, an opportunity to talk about how they want to reconnect, what their reunion priorities are, and how to ease back into normal routines.

Q7. What programs are available in the Army to help soldiers and families with child and spouse abuse?

Each Army installation operates a Family Advocacy Program (FAP) to provide prevention, identification, assessment and treatment services. Using a multidisciplinary community approach, we emphasize early identification, timely reporting, protection of victims, and treatment for victims and abusers. In addition to the FAP, the ACS provides a wide variety of support programs.

Q8. How are reports of abuse handled?

Once a report is made known (e.g., military police, social workers, commanders), the report is reviewed by the Social Work Service office at the installation's medical facility and referred to a panel composed of members from different professions. This panel is known as the Case Review Committee (CRC). It is a multidisciplinary team of social workers, military police, investigators, chaplains, lawyers and physicians who work together to assess, diagnose and manage cases of family violence.

Q9. Are treatment programs mandatory? What treatment programs are available?

Treatment programs for active duty soldiers involved in confirmed cases of abuse may be mandatory. We work with civilian agencies to assist soldiers and family members in overcoming violence.

Q10. What is the Army doing to prevent abuse?

The cornerstone of FAP is the prevention of family violence through education and training. Prevention services are required at each installation. FAP personnel go to units to acquaint soldiers with the FAP and to spread the message that family violence is not acceptable. Prevention programs such as support for new parents, parent aide programs, anger and stress management, communication skills training, and conflict resolution workshops are also available.

Q11. What kind of training do FAP personnel receive?

Training for family advocacy staff occurs at different levels in the Army. A basic training course for newly assigned FAP personnel is offered. A series of one-week advanced courses provide training on topics such as the management of multiple victims, prevention, child sexual abuse, and clinical interventions.

Q12. How much has the Army spent on family violence programs?

Family advocacy program funding has increased from \$4.2 million in FY 85 to \$38.5 million in FY 01.

Q13. Is funding sufficient to combat the problem?

We do not have as much funding as we would like. We are not sure how we will be able to fund and implement many of the Domestic Violence Task Force recommendations.

Q14. Is it true that spouses do not report abusive acts by soldiers because of fear it will ruin a soldier's career or no action will be taken by a commanding officer?

It is a difficult marketing job to get the word out to families that help is available. This is a widely held perception and a major organizational challenge of the FAP program. However, the high number of reported incidents of spouse abuse would indicate that military spouses have a certain degree of confidence in the FAP. Abuse cases involving child sexual abuse, and extremely serious
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physical abuse cases are likely to have a direct and immediate impact on a soldier's career.

Q15. What is the Army doing to help victims who come forward for assistance?

The Army has many programs that assist abused victims. Hospital Social Work Service has a variety of treatment programs for victims and offenders. Another program, the Transitional Compensation program provides benefits to families of soldiers who have been discharged when one of the reasons for the discharge is the abuse of a spouse or child.

Q16. Does the Army have victim advocates?

Yes. The Army is implementing this program. Victim advocates provide support, assist in creating and facilitating an effective victim safety plan, and help victims obtain supportive services.

Q17. Is the Army's Family Advocacy Program proactive?

Yes. The commitment of funding, emphasis on mandatory reporting, early identification, orientation to protection of the victim, and high qualification for personnel are all indicators of the Army's proactive and aggressive approach to this problem.

Q18. Are there mandatory training classes a leader must receive on family violence? If so, what is the major emphasis of this training?

Yes, installation commanders are required to ensure that subordinate commanders participate in family violence training sessions within 45 days of assuming command. The training outlines the commander's responsibilities in support of the FAP, provides information on the dynamics of abuse and on resources and available services.

Q19. What are commander's options in addressing family violence?

Commanders should direct soldiers to participate in assessment and treatment interventions, ensure soldiers follow safety plans, and spouses know about benefits. Legal actions range from admonition and reprimands to courts martial.

Q20. Under the Lautenberg Amendment, does the Army take a soldier's weapon away?

Under the Lautenberg Amendment, a soldier who is convicted of abuse is permitted to carry a weapon only during official training. A soldier with a confirmed case of abuse may be transferred to another unit where carrying a weapon is not part of his/her duties.

Q21. Are there shelters for abused spouses?

As partners with the civilian sector, military agencies purchase space from or refer military spouses to local civilian shelters that provide emergency housing for military victims. There are no shelters operated by the Army.

Q22. Has the Army implemented any of the congressionally mandated

Domestic Task Force recommendations?

Yes. The Task Force has not yet finished its work, but some recommendations have been incorporated into the Army's revision to the Family Advocacy Regulation.

Comparison of Army and Civilian Rates of Spouse Abuse

There have been a number of recent citations in the news of comparisons between the rates of domestic violence in the military and the civilian community. Some stories indicated that the military rates are two to five times higher while others just say that they are greater. Usually the media do not give the citation of the source of their information. Another problem is that the source is often another news media article that has printed misinformation in the first place and it is just passed along as if it were true.

Currently, there is only one study that compares the rates of self-reported spousal aggression in military and civilian populations. Following media reports in 1994 that the Army rates of domestic violence were higher than the civilian community, the Army sponsored the study. It was published by Heyman and Neidig (1999) and is important for the strength of its methodology and its conclusions.

This study was based on prevalence data (not cases) of self-reported spousal aggression in civilian and military samples. Prevalence data provide an estimate of aggression in the population and are different from a
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database of actual cases.

The civilian sample was the 1985 National Family Violence Survey (Straus & Gelles, 1990). The Army data were collected by Neidig during 1990-1994 (Heyman & Neidig, 2000). Both studies used the same instrument to collect population prevalence data on which to make population estimates. However, their methodologies were different and there were obvious demographic differences in the military and civilian samples. (The Army has more men, is younger, and has a greater proportion of ethnic minorities than the civilian sample.) Because of these differences, the two samples could not be compared directly, but were compared statistically. Separate analyses were done by sex and were stratified by age group and race. The samples included only married, employed persons under the age of 65. The Army population was all active duty. The final comparison was based on an adjustment of the Army sample to the 1990 U.S. Census. (This was required in order to be able to say what the rate of violence would be in the Army if it had the demographic structure of the U.S. Census in 1990).

When the analysis of the comparability of the two studies was completed, it was found that there was no difference in adjusted husband-to-wife domestic violence for moderate aggression between civilian and military samples. However, the adjusted prevalence rate of severe aggression was higher for the Army, 2.5 percent compared to 0.7 percent for the civilian sample. Thus, while the rate of domestic violence was

higher in the Army, it was very small. In addition, statistical comparability was not possible in some cells because of the difficulty of getting enough respondents. For example, the civilian sample was collected by telephone and could not reach some elements such as younger minorities. As a result, this group could not be compared and probably resulted in a lower rate of domestic violence for the civilian sample.

Dr. Heyman concluded that the differences between the prevalence rates of the military and civilian communities were probably due to race (more minorities) and the young age of the Army population and not to abuse propensity.

Despite the rigor in matching the samples and in weighting them to the census, statistical comparison could not replace missing data. Therefore, while this was the only possible comparison, it had significant limitations. This is not a criticism of the study because it was the only possible way to achieve a comparison short of collecting new data. In addition, the Army data are more than a decade old and the civilian data were more than 15 years old at the time the comparison was performed. Finally, these were self-report data and were not related to reported cases of domestic violence.

One of the reasons for comparing military and civilian data using these two very different samples was because there is no centralized national database of actual reported domestic violence cases by which one might make comparisons between military and civilian populations.

Our conclusion is that this study was a good attempt at the

time to compare military and civilian spousal aggression, but it is dated and has inherent limitations. Given the methodological and demographic differences, it is uncertain whether these data are representative of either the military or civilian populations of today.

References

Heyman RE, & Neidig PH. (1999). A comparison of spousal aggression prevalence rates in U.S. Army and civilian representative samples. *Journal of Consulting and Clinical Psychology*, 67, 239-242.

Straus MA, & Gelles R J. (1990). *Physical violence in American families: Risk factors and adaptations to violence in 8,145 families*. New Brunswick, NJ: Transaction).

Effects of Deployment on Family Violence

A second major issue in recent media inquires has been whether deployment is related to higher rates of domestic violence. We investigated the relationship between domestic violence and deployment in Army soldiers (McCarroll et al., 2000). We controlled for sex, race, age, and some personal characteristics of the respondent that might contribute to spousal aggression (rank, spousal unemployment, children living with the

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respondent, and whether the respondent lived on or off the military installation). This study used the same sample prevalence data that was collected by Neidig and analyzed by Heyman in the comparability study reviewed in the previous article. In this analysis, there were about 27,000 married active duty male and female participants.

We compared deployments of fewer than 3 months, 3-6 months, and 6-12 months. We found no relationship between moderate domestic violence and deployment. For severe violence, we found a small, but statistically significant increase in domestic violence with the length of deployment up to one year, but the increased probability of violence was less than one percent. Thus, while this finding has statistical significance, it is very small and was found largely due to the very large sample size.

The conclusion from this research showed that there is about a 1% increase in domestic violence for a deployment of 6-12 months compared to no deployment. Whether there is a causal relationship between length of deployment and domestic violence is unclear.

Reference

McCarroll JE, Ursano RJ, Liu X, Thayer LE, Newby JH, Norwood AE & Fullerton CS. (2000). Deployment and the probability of spousal aggression by U.S. Army soldiers. *Military Medicine*, 165, 41-44.

Family Advocacy Program Centers of Excellence (FAPCOE) Sites Selected

The purpose of the FAPCOE initiative is for Army major commands and installations to establish or increase multi-disciplinary FAP interventions. Specifically the goals are to: (1) strengthen and preserve family safety, (2) support knowledge-building spouse and child abuse research and services and (3) establish effective and innovative models for the prevention and treatment of child and spouse abuse. Installations were eligible for the FAPCOE designation if they submitted an application that clearly demonstrated the potential for developing and evaluating a focused area of FAP prevention, treatment, and research.

From a competitive review of all applications, congratulations go to the sites selected for the FAPCOE designation. They are Tripler Army Medical Center (TAMC), Fort Carson, Fort Polk, and Vilseck, Germany.

The TAMC application proposes the development of a comprehensive assessment process for the treatment of children who witness and experience domestic violence. One of the goals will be to establish evaluation criteria and outcome measures for identified treatment modalities. The Fort Carson proposal has a goal of implementing a nurturing program for children who witness domestic violence and their families. An additional goal is to develop a training curriculum based upon the Nurturing Parenting Program. From Fort Polk, a proposal was submitted to study the efficacy and effectiveness of a victim assistance program in providing advocacy

services to victims of domestic violence. One of the goals of that intervention will be to study the use of volunteers and to assess the relationship between an individual's involvement in victim advocacy services and their utilization of the family advocacy program. The Vilseck proposal will involve implementation of a training program for parents. Goals are to introduce parents to proactive and corrective teaching methods and to help parents set reasonable standards for their children based upon their developmental, emotional, and cognitive skill levels.

Innovative prevention and treatment interventions and domestic violence research to measure outcomes and the effectiveness of such interventions can contribute to improvements in the quality of care FAP provides for soldiers and families. The FAPCOE sites are to be applauded for exploring new ways of accomplishing this objective.



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